

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10-070,401	FILING DATE
								APPLICANT(S)	
								CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3		12				53			
4		21				54			
5		12				55			
6		21				56			
7		12				57			
8		21				58			
9		16				59			
10		21				60			
11		14				61			
12		21				62			
13		16				63			
14		21				64			
15						65			
16		1				66			
17		12				67			
18		21				68			
19						69			
20						70			
21						71			
22						72			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	2					TOTAL IND.			
TOTAL DEP.	16					TOTAL DEP.			
TOTAL CLAIMS	18					TOTAL CLAIMS			

Best Available Copy